



STATE OF WISCONSIN

Department of Employee Trust Funds

Eric O. Stanchfield

Secretary

801 West Badger Road

P.O. Box 7931

Madison, WI 53707-7931

DATE: October 2000

FROM: A.B. Orlik, Program Manager
Office of Private Employer Health Care Coverage

SUBJECT: **Health Insurance Survey**

Dear Wisconsin Employer:

As directed by the Legislature, the Department of Employee Trust Funds is currently developing the Private Employer Health Care Purchasing Alliance (PEHCPA), to bring small employers together to buy health insurance with some of the advantages of larger employers. We're working with organizations representing Wisconsin employers—including Wisconsin Independent Businesses (WIB), the Wisconsin chapter of the National Federation of Independent Business (NFIB), Chambers of Commerce, and other business and trade associations—to design a health insurance program with your needs in mind.

We need your input!

The following **brief** questionnaire is divided into four sections. Please answer questions in Parts 1 and 4, regardless of whether you currently offer health insurance to your employees or not. If you DO provide health insurance, please complete Part 2. If you DO NOT, we ask that you fill out Part 3. The questionnaire itself will provide reminders about which sections to complete.

We recognize that your time is extremely valuable. We thank you for taking a few moments to answer this survey and return it to us **by Friday, October 20, 2000.**

If you have any questions or need further information as you fill out the survey, please call me at 608-261-0140 or Phil Borden at 608-261-0731.

Again, thank you.

HEALTH INSURANCE SURVEY

Brought to you by the Wisconsin Department of Employee Trust Funds

Please return by Friday, October 20, 2000. Thank you!

Part 1: About your business

a. What type of business are you in? *Please check the one option that most closely describes your business.*

- | | | |
|---------------------------------------|------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> agriculture | <input type="checkbox"/> manufacturing | <input type="checkbox"/> finances, insurance, real estate |
| <input type="checkbox"/> construction | <input type="checkbox"/> wholesale trade | <input type="checkbox"/> transportation, communications |
| <input type="checkbox"/> mining | <input type="checkbox"/> retail trade | <input type="checkbox"/> government |
| <input type="checkbox"/> services | | |

b. How long have you been in business? *Please check one.*

- | | | |
|-------------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 2-5 years | <input type="checkbox"/> 10+ years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 5-10 years | |

c. How is your business organized? *Please check one.*

- | | | |
|----------------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> corporation | <input type="checkbox"/> other |
| <input type="checkbox"/> partnership | <input type="checkbox"/> sub-s corporation | <input type="checkbox"/> don't know |

d. What is your zip code?

e. Do you currently offer **health insurance** to some or all of your employees?

Please check one and continue to the applicable section of this questionnaire.

- | | |
|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> YES (go on to Part 2) | <input type="checkbox"/> NO (skip to Part 3) |
|------------------------------------------------|----------------------------------------------|

Part 2: If you DO offer health insurance to some or all employees

a. How many hours a week must an employee work to be eligible for your health insurance plan?

At least _____ hours per week

b. How many of your employees participate in the health insurance plan you offer?

_____ employees participate

c. How do you calculate your business' contribution toward your employees' health insurance premiums?

- ☐ fixed dollar amount per month: \$_____ toward single premium
- OR** ☐ percent of premium per month: _____% toward single premium
- ☐ don't know

d. Does your business contribute make the same contribution toward family coverage?

- ☐ yes, same dollar amount or percent shown above
- ☐ no, family dollar amount is \$_____
- OR** ☐ no, family percent is _____%
- ☐ don't know

e. Which items below are most important to you in choosing a health insurance plan?

Please rank all of the items in order of importance. Place a 1 next to the MOST important item, 2 next to the second most important item, all the way to 9 for the LEAST important item. Use each number only once.

- _____ agent/broker recommendation
- _____ broadest possible choice of physicians/hospitals
- _____ coverage for specific medical conditions
- _____ good customer service from the insurer
- _____ low deductibles/co-payments
- _____ low employee share of premium
- _____ low employer share of premium
- _____ simple administration/forms
- _____ specific physicians/hospitals in network

f. If you could offer your employees a choice of several health insurance plans at the same time (like many large employers do), at competitive rates, how important would that be in comparison to the items above?

Looking at the way you scored the items above, where would you put this new option in that list?

Between #_____ and #_____ (these numbers should be consecutive)

g. What other factors do you consider important when choosing a health insurance plan for your company?

h. Which health insurance company (or companies) do you use currently?

Thank you! Please skip to Part 4 to answer six *brief* questions about your workforce.

Part 3: If you DO NOT offer health insurance to some or all employees

- a. How long have you NOT been offering health insurance to your employees?
- | | | |
|---------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> less than 6 months | <input type="checkbox"/> 1-3 years | <input type="checkbox"/> never offered insurance |
| <input type="checkbox"/> 6 months to a year | <input type="checkbox"/> more than 3 years | <input type="checkbox"/> don't know |
- b. How likely are you to offer health insurance in the next two years?
- | |
|--------------------------------------------------------------------|
| <input type="checkbox"/> very likely (80% chance or more) |
| <input type="checkbox"/> more likely than not (51-79% chance) |
| <input type="checkbox"/> more likely not to insure (20-49% chance) |
| <input type="checkbox"/> very unlikely (less than 20% chance) |
| <input type="checkbox"/> don't know |
- c. Which items below are most important to you in choosing NOT to offer health insurance to your employees?
Please rank all of the items in order of importance. Place a 1 next to the MOST important item, 2 next to the second most important item, all the way to 9 for the LEAST important item. Use each number only once.
- | | |
|-------|----------------------------------------------|
| _____ | business not profitable enough |
| _____ | employees not interested |
| _____ | high employee turnover |
| _____ | not enough information about plans |
| _____ | most employees are insured elsewhere |
| _____ | most employees are part-time |
| _____ | not necessary to attract qualified employees |
| _____ | too expensive for my business |
| _____ | too expensive for my employees |
| _____ | too hard to administer |
- d. What other factors do you consider important when choosing whether to offer a health insurance plan?
- e. If you've received health insurance quotes in the last year, from which company (or companies) did you get quotes?

Thank you! Please continue to Part 4 to answer six *brief* questions about your workforce.

Part 4: About your workforce

- a. What is the average hourly wage of your employees? *Please check one.*
- | | | |
|-----------------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> \$8.00 or less | <input type="checkbox"/> \$10.01-15.00 | <input type="checkbox"/> \$20.01+ |
| <input type="checkbox"/> \$8.01-10.00 | <input type="checkbox"/> \$15.01-20.00 | <input type="checkbox"/> don't know |
- b. How many full-time employees (regularly working 30 or more hours per week, including owners) do you have **IN WISCONSIN**? *Please check one.*
- | | | | |
|-------------------------------|--------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 25-49 | <input type="checkbox"/> more than 100 |
| <input type="checkbox"/> 1-4 | <input type="checkbox"/> 10-24 | <input type="checkbox"/> 50-99 | |
- c. How many full-time employees do you have **OUTSIDE** Wisconsin? *Please check one.*
- | | | | |
|-------------------------------|--------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 25-49 | <input type="checkbox"/> more than 100 |
| <input type="checkbox"/> 1-4 | <input type="checkbox"/> 10-24 | <input type="checkbox"/> 50-99 | |
- d. How many part-time employees (regularly working fewer than 30 hours per week) do you have **IN WISCONSIN**? *Please check one.*
- | | | | |
|-------------------------------|--------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 25-49 | <input type="checkbox"/> more than 100 |
| <input type="checkbox"/> 1-4 | <input type="checkbox"/> 10-24 | <input type="checkbox"/> 50-99 | |
- e. How many part-time employees do you have **OUTSIDE** Wisconsin? *Please check one.*
- | | | | |
|-------------------------------|--------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 25-49 | <input type="checkbox"/> more than 100 |
| <input type="checkbox"/> 1-4 | <input type="checkbox"/> 10-24 | <input type="checkbox"/> 50-99 | |
- f. Is your business a member of any of the following? *Please check all that apply.*
- | | | |
|-------------------------------|-----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> NFIB | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> none |
| <input type="checkbox"/> WIB | <input type="checkbox"/> other business/trade association | <input type="checkbox"/> don't know |

Thank you!

Please return your completed questionnaire to:

Office of Private Employer Health Care Coverage
 P.O. Box 7931, Madison WI 53707-7931

Fax: 608-261-0142 E-mail: ab.orlik@etf.state.wi.us

Questions? Call A.B. Orlik at 608-261-0140.